ANIMAL BITE/EXPOSURE REPORT

SALEM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

110 Fifth Street, Suite 400 – Salem, New Jersey 08079

856-935-7510, ext. 8448 Emergency/After Hours call: 856-769-1955

FAX REPORT TO: 856-935-8483

(Physicians must report bites to the local health dept. within 12 hours of attendance per NJAC 26:4-79)

SCDHHS ID#:

VICTIM

Name of Victim:		Age:	Cell Phone:
Name of Parent/Guardian if Victim is a Minor:		Daytime Phone Numbers:	
Address:	City:	State:	Zip:
Municipality:	County:	Address and County where incident occurred:	

Has the victim ever been vaccinated for rabies before?: ☐NO ☐YES If **YES**, Date:

List any other pets or persons bitten or exposed:

INCIDENT

Date and Time of Incident:	Part of Body Bitten or Exposed:	☐ Bite ☐Skin Broken ☐Scratch ☐ Bat ☐ Saliva/Fluids ☐ Other

Description of how the bite or exposure occurred:

Did the Animal have any of the following symptoms: ☐ Aggressiveness ☐ Overly Friendly or Fearless ☐ Choking or Difficulty Swallowing ☐ Sagging Jaw ☐ Seizures ☐ Staggering/wobbling ☐ Paralysis ☐ Making unusual crying sounds Other:

Name of any Animal Control Officers Involved:	Phone:
Name of any Veterinarians or Others Involved:	Phone:

TREATMENT

Name of any Doctor or Hospital visited or consulted:	Phone:

Describe Treatment given or recommended: ☐ Tetanus ☐ Antibiotics ☐ Other

Was Rabies Post-Exposure Treatment/Prophylaxis started?: ☐ NO ☐ YES * (see next line) If **YES**, Date:

*If Yes, the treating Doctor or Hospital/Clinic must sent a REPORT OF RABIES POST-EXPOSURE TREATMENT (form CDC-2) to the local Health Department (see fax number above). The form is available at http://www.state.nj.us/health/forms/cdc-2.pdf

ANIMAL/OWNER INFORMATION

Type of Animal: ☐ Dog ☐ Cat ☐ Bat Other:		Animal is: ☐ Victim's Pet ☐ Owned by another ☐ Unknown ☐ Wild ☐ stray/Feral ☐ Livestock Other:	
Animal Description (Breed, Color, Markings, Sex):			
Name of Owner:		Cell Phone:	Daytime Numbers:
Address:	City:	State:	Zip:
Municipality:	County:	Animal's Location: ☐ Owner's Property ☐Loose/Unknown ☐ Vet ☐ Shelter ☐ Other :	
Address where animal is currently located if different from Owner:		Phone:	
If Euthanized, reason for doing so: ☐ Sick ☐ Aggressiveness ☐ Other:	Date:	Location of the body:	
Is/was the animal current on it's rabies vaccinations? ☐YES ☐NO ☐ Unknown	Date of last shot:	Expiration:	
Name of Veterinarian:		Phone:	

SCDHHS

Was animal current on rabies vaccination? ☐ YES ☐ NO ☐Unknown	Was animal tested for rabies? ☐ YES ☐ NO ☐ Unknown	Results if tested for rabies: ☐ Positive/Unsatisfact. ☐Negative	Was PEP recommended for victim? ☐ YES ☐ NO
Was confinement ordered? ☐ YES ☐NO	Type of Confinement/Release Ordered: ☐ 10 day observation	☐ Verbal (same immediate family/trusted source) ☐ 45 day observation	☐ Visual ☐ 6 month modified ☐ 6 month strict
Confinement Dates: Start: End:		Confinement Release Performed: Date:	Inspector Initials:

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